CITY OF MENON	MONIE Application	on - for 90 day	- TRANSIENT MEI	RCHANT license	
Name of Applicant(First)	(Middle)	(Last)	(Circle One)	Male / Female	
Local Address					
Permanent Address					
Telephone Number	Number Email address:				
Age Date of Birth	Color of Hair	Color of	eyes Height	Weight	
Name, address and telephone numb whose merchandise is being sold: _					
Temporary address and telephone r	number where business w	vill be conducted	1:		
Describe nature of business to be co	onducted and describe go	oods to be sold a	and any services offere	ed:	
Proposed method of delivery					
If vehicle to be used, describe			License Plate	e #:	
List three recent locations where bu	siness has been conducted				
Where can you be contacted for at l	least seven days after leav	ving the city? _			
Have you ever been convicted of ar Yes No If	•			•	
I hereby authorize the Menomonie merchant license to the licensing au information will be safeguarded ag- discharge of official business of the	nthorities of the City of Mainst unauthorized disclo	Ienomonie. Thi	is release is authorized	with full understanding that the	
I hereby release the City of Menom account of compliance with this au	_	oloyees from an	y liability for damages	which may result to me on	
SIGNATURE OF APPLICANT:			Da	te:	
Must attach to this application:	A copy of your Wiscons	sin Seller=s Per	rmit and Two (2) for	ms of identification.	
License fee: \$55.00 (Code # 27 Receipt No.		e # <b>48</b> - \$10.00	Investigation Fee)		
For Office Use:		(circle one)			
Date Investigation Complete: Initials of Records Technician (or r	<u> Approve</u> Deny or person who conducted investigation)				
Signature of Police Chief (or design	nated staff officer)				